

TABLE 5

	Effective Components	Deficiencies	Recommendations	Dispute Process for Injured Workers	Comments
Organization					
NY State Dept. of Health	<ul style="list-style-type: none"> - Access to care within first 36 hours. - Choice of at least two providers in each specialty. - Quality assurance to ensure appropriate treatment. - Case manager focused on return to work. - Active RTW program. 	<ul style="list-style-type: none"> - Lack of payor participation in legislation and program development. - Payors not involved in utilization review. 	<ul style="list-style-type: none"> - Get payors involved; have them “drive” the UR. - Organize plans on a PPO model. - Give PPO responsibility for QA. 	Yes. (It’s driven by State law and described in the MCO employee handbooks.)	<ul style="list-style-type: none"> - Program jointly administered with the State WC Board. - NY is currently developing a PPO program, for which the informant advocated much more strongly.
The Electrical Employees Self-Insurance Safety Plan	Lower payment schedules lead to cost savings.	DK	Have prior experience or familiarity with the organization that will provide the health care.	Yes	The legislature is hopeful this program will be successful since most of organized labor has been concerned about the rights of injured workers to select their own providers.
UNITE	<ul style="list-style-type: none"> - Immediate and free access to OM physicians. - Very close linkage to a union-based health and safety department. - Multi-lingual assistance with claims filing. 	<ul style="list-style-type: none"> - Limited resources restrict services to three days a week. - Limited advocacy staff. - Successful primary prevention difficult in garment industry. 	<ul style="list-style-type: none"> - Include prevention, integrated with advocacy. - Prevent disability through early treatment. - Have physicians experienced with OM responsible for diagnosis, treatment, case management, and return to work. 	No	
Kentucky Department of Workers’ Claims	<ul style="list-style-type: none"> - Immediate case management. - Case managers who track medical care and try to get injured workers back to work as soon as possible. 	<ul style="list-style-type: none"> - The case management program could be strengthened in terms of emphasizing RTW and encouraging employers to offer light or modified duty. 	Focus on prevention.	Each plan has its own DRP, which falls within State guidelines.	<p>Most of the 27 MC plans provide the medical care and case management but do not handle insurance functions.</p> <p>Historically all time loss cases had to be referred to a case manager after a specified time period; this practice may be continued by the managed care plans.</p>

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Work Comp Network	<ul style="list-style-type: none"> - Facilitation of care (e.g., making appointments). - More rapid access to care (e.g., physical therapy). 	<ul style="list-style-type: none"> - Insufficient tracking of outcomes, due to a lack of data. 	<ul style="list-style-type: none"> - Make sure the entire process is in place before you start implementation. - Have a detailed plan. 	The grievance procedure is provided by the State.	
HealthSouth Corporation	It is too early in the program's development to comment.	It is too early in the program's development to comment.	<ul style="list-style-type: none"> - Two key components must be addressed: wellness and profitability. - Communicate with consumers; show them what you think they need and listen to what they think they need. 	No. In CA, this will be developed in accordance with State requirements.	In order to simplify the responses, many of the answers were given regarding only the CA operations. Answers would be different if were given for the other 7 states in which HealthSouth operates.
HIPNY	<ul style="list-style-type: none"> - Immediate access to care. - Improved relationships with providers. - Increased attention to RTW. 	<ul style="list-style-type: none"> - State law allows for only 30 days of plan-directed care. - Physicians who treat injured workers must be authorized by state Workers' Comp Board. 	<ul style="list-style-type: none"> - Don't discount physician fees. - Use providers who are committed to high quality care. - Use a small network of providers. - Require workers to remain in plan for 90 days (rather than 30). 	Yes. By law, this function must remain within the PPO (cannot be contracted out).	

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Workers' Compensation Community Care Network (CCN)	<ul style="list-style-type: none"> - The careful selection of providers. - A good utilization management system reviewing care. - Giving the physicians the latitude to practice high quality, individualized care. - Credentialing of facilities (not just individual providers). - Bonuses to physicians based on outcomes. 	<ul style="list-style-type: none"> - Large discounted PPOs have decreasing utility in today's health care market. - Discounting can lead to over-utilization. - If the discounts too low, you end up with the worst physicians. 	<ul style="list-style-type: none"> - "Think outside the box" (focus on the most important variables). - Pay the providers fairly, based on producing good outcomes. 	In the CompExcel program, they have a three-level appeal process.	In the CompExcel program, physicians are offered bonuses based on the following outcomes: cost, functional outcomes, disability duration (i.e., indemnity costs), litigation avoidance, and whether or not they keep control of the claims (i.e., if the IW stays with the attending provider).
Liberty Northwest, Health Plus	Enhanced nurse case management helps IW providers, and claims examiners to get information and move the case through the system more quickly.	With their integrated product, they have to deal with different lines of coverage with different regulations. They are always looking for better ways to merge the two products.	<p>The 24 hour approach is effective. Allows IWs to get services not traditionally available in WC programs and decreases complications regarding who's responsible for payment.</p> <ul style="list-style-type: none"> - Be clear on what you want to achieve with a 24 -hr. integrated program. 	Yes. It meets the state statutes and internal customer service requirements. The process varies, depending on what is being disputed.	In order to simplify the responses, many of the answers were given in regards to only their OR operations. These answers may be different if they were given for the other 3 states (WA, ID, and MT) in which Health Plus operates.
CorVel Corporation	<ul style="list-style-type: none"> - The composition of the provider list is key (having providers focused on WC issues, such as RTW). - The nurse case managers work "hands on" in a variety of communities, orienting IWs toward RTW at the highest level of functioning. - Their "leading edge" systems integration allows the patient mngmt. program to intervene early, leading to lower medical and indemnity costs and to a quick exchange of information (which is appreciated by IWs and by CorVel's customers). 	<p>They are improving:</p> <ul style="list-style-type: none"> - in the area of measuring outcomes, - their ability to channel IWs to the correct provider, and - decreasing OON care. 	<ul style="list-style-type: none"> - Early intervention is critical. - Create a network based on the types of providers, not the number. - Create integrated systems that facilitate communication between all involved parties (to prevent service duplication). - Develop systems that will generate the type of data needed to evaluate program. 	CorVel's standard grievance process is modified to accommodate the requirements of each state in which they operate.	

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PhyCor	<ul style="list-style-type: none"> - Early intervention for case/care/disability mngmt. - An enhanced approach to communication with all stakeholders. - Providers having control of care mngmt. and being accountable for cost and quality. - Physician-driven, patient-centered care. 	If state legislation does not allow for physician [reimbursement] differentiation based on performance.	<ul style="list-style-type: none"> - There is a need for risk sharing in workers' compensation (both medical and indemnity). - There is a need for 24-hour programs. - Incentives should be aligned to get injured workers back to work quickly but as safely as possible. 	N/A	
Intracorp	<ul style="list-style-type: none"> - Rigorous selection of providers, who write appropriate restrictions, audit charts, communicate clearly with IWs, and take walk-in patients. - Telephonic case management. - Focus on cost containment through appropriate utilization of medical services and by preventing time loss. 	Access problem, because cannot find the best doctors everywhere. Trying to expand the definition of "gatekeeper" to include other types of providers to allow a bigger pool of initial access providers.	<ul style="list-style-type: none"> - "Think outside of the box." - Form partnerships with providers, and to give them information they need (but don't learn in medical school). 	Yes. It is required as part of URAC certification.	Intracorp offers its services nationally, as well as in Canada and Puerto Rico. Their customers can purchase either an integrated program or separate managed care components. Their customers are P&C carriers, TPAs, and SI companies. Evaluation reports were requested, but have not been received as of 5-15-97.
Healthcare First	<ul style="list-style-type: none"> - Know what physicians need from their practices, how to effect employer behavior, and IWs' issues and fears. - Care about the IWs, and take socio-economic and vocational situation into account when making decisions. - See IW within 24 hours after an injury. 	Do more in the area of injury prevention. Most employers and insurers are unwilling pay for primary prevention.	<ul style="list-style-type: none"> - Start from a "clean slate." - An excellent management of information system (MIS) to retrieve performance statistics which relate to diagnostic categories and to look at historical injury experience at a particular company (and to change those patterns). 	Yes	Healthcare First operates in six New England States, with the majority of its clients in Massachusetts. Its clients are WC insurers, including SI employers and groups.

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Kaiser Permanente, Northern California Region	<ul style="list-style-type: none"> - Non-adversarial system: full partnership between major stakeholders. - Value on patient education. - Understanding of the value of work. 	Information system does not allow rapid data analysis and communication with customers and outside providers.	<ul style="list-style-type: none"> - Form two advisory councils: one of employers and WC carriers, and the other of labor reps. - Design the program to meet employer and employee needs. Provide high quality OM with patient advocacy and community interest focus.	Yes: 4-step procedure for grievances related to coverage and medical decisions.	
Blue Cross of California	<ul style="list-style-type: none"> -Early intervention program - RN communication with claims examiners - Focus on preventing long-term disability. 	- Program is expensive due to high cost of UR.	<ul style="list-style-type: none"> - Partnerships with claims personnel are vital. WC adjudicators must buy into the program. - Collaborative partnerships with providers are preferable to adversarial UR approach. 	The State Workers' Compensation Appeals Board handles medical treatment disputes. Blue Cross has a complaint resolution process for concerns about service.	They are planning a pilot using high volume Frontline providers who will not have to seek authorization for every procedure (as long as they abide by treatment guidelines). UR will only be done on the outliers.
California Department of Industrial Relations	Case management improves coordination of care and communication with employer.	<ul style="list-style-type: none"> - Complicated structure with varying days of employers' ability to direct care. - Requiring employers to offer two MCOs decreases ability to improve communication and coordination. 	<ul style="list-style-type: none"> - Build in evaluation mechanisms. - Simplify administrative structure. - Integrate prevention, quality measurement, and case management. 	Yes, per State MCO requirements, medical disputes must go through the MCO medical director.	Each HCO is either an HMO, a disability insurer, or a WC health care provider (group of hospitals/providers), or a WC insurer.

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Johns Hopkins University	<ul style="list-style-type: none"> -Teamwork of safety professional, nurse case mgr., providers, supervisor, injured worker. - Employee feels assured that he will be well cared for. 	<ul style="list-style-type: none"> - Program would be stronger in employer directed state. - Old facilities could use renovation to reduce potential for injuries. 	<ul style="list-style-type: none"> - Emphasize teamwork and caring attitude. - Providers should be dedicated to evaluating IWs quickly and moving them through the system. - Employers must invest resources to improve safety. 	No. Deferred to State of Maryland. There are no medical treatment disputes because IWs can simply change providers if unhappy.	
Duke University, Division of Occupational Medicine	<ul style="list-style-type: none"> - Communication between provider and IW. - “Non-production” style of practice, given lack of economic pressures to complete X number of visits per hour. 	<ul style="list-style-type: none"> - An integrated data management system is being developed, there is no outcome data. - If the program were larger, there would be an incentive to include more disciplines at each clinic. 	<ul style="list-style-type: none"> - Get the advice of someone who understands the economics and sociology of WC but who is not biased toward a particular program model. - Imbed current protocols for clinical management into the data management system and be very familiar with them. - Know how to identify and manage red flags. 	No	
Colorado Compensation Insurance Authority	<ul style="list-style-type: none"> - RNs on the adjuster teams: RN review of every time loss case and RN-physician communication. - on-site MD panel advisors improved access to specialists - Research-based treatment guidelines. - Explicit provider expectations for performance. 	Some aspects of the program are not yet fully developed, e.g., home health.	<ul style="list-style-type: none"> - Set up model that fosters communication among all parties. - Contract with specialists who can provide case consultation to the nurse-adjuster teams. - Credential providers with contractual communication expectations. - Establish gatekeeper system. 	Yes	CCIA is the state fund but is not part of the State government; it is a political subdivision of the State.
Concentra Medical Centers	Experienced, high quality physicians treat 85% of IWs (refer 15% to specialists) and get them back to work.	Large size of parent company makes it less client-focused than they would like.	Know your customers (employers, patients, payers, brokers) and develop customer-friendly services.	Yes	
Ohio Bureau of Workers’ Compensation	Quick determination of benefits and prompt treatment of injury.	Electronic communication between MCOs and BWC required transition from paper system.	<ul style="list-style-type: none"> - Use rigorous tests to assure that MCOs are ED (electronic data interchange) capable. - Communicate with and train everyone affected by the system. 	Yes, an ADR process.	Informant said they had standard fee schedule but no contractual agreement for UM so providers were not really a PPO. However, in order to treat state-fund IWs, providers must agree to UM by any participating MCO.

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Minnesota Department of Labor & Industry	Medical case management.	Confusion about dispute resolution since parties are not used to MCOs handling it.	<ul style="list-style-type: none"> - Involve all stakeholders in the legislative and rules making processes. - Educate involved parties as early on as possible. 	MCOs must comply with State rules in setting up their processes.	
Humana Corporation	<ul style="list-style-type: none"> - Service philosophy. - Immediate assignment of case mgrs. - Development of own networks, not rented. - Provider network tied closely to case mngmt. 	<ul style="list-style-type: none"> - Not paying or administering lost time benefits. - No voc rehab. - They don't do loss prevention in Florida. 	Provide the network, case mngmt, and bill paying services together, rather than putting together 3 different companies. Providers can't be managed if they are not on contract.	Yes, required by the State.	
Milliman & Roberts	<ul style="list-style-type: none"> - Teamwork between provider, carrier, IW, and employer. - Utilization guidelines for RTW. - Mngmt. of expectations re: recovery and RTW. 	Unwillingness to be creative and innovative.	<ul style="list-style-type: none"> - Put physicians at financial risk for indemnity losses. - Create expectations that all parties work together to meet. - Use OM RN case mgrs. in the MCOs. - Use a very selective, small network of physicians. - Have a viable CQI program. 	In cases of medical treatment disputes, the physician must be the final reviewer.	
Center to Protect Workers' Rights	<ul style="list-style-type: none"> - System that excludes ineffective providers. - Active case management. - Support of stakeholders. 	Reform legislation is decreasing worker benefits. Most programs are failures.	N/A	<p>Most grievance procedures are inadequate and take too long. ADR program should have:</p> <ul style="list-style-type: none"> - Ombudsperson chosen by labor & mngmt who has 5 days to resolve dispute; - Mediation as next step; - Arbitration as final step. 	The center is a non-profit organization affiliated with the building and construction trades of the AFL-CIO.
Nat. AFL-CIO	<ul style="list-style-type: none"> - Rapid access to appropriate treatment - Access to ongoing, appropriate treatment - Early intervention including employer support of rapid RTW 	<ul style="list-style-type: none"> - Workers not involved in decisions regarding provider panel - Prevention not a priority - No focus on supportive RTW - Questionable confidentiality of IW medical records 	<ul style="list-style-type: none"> - Create a 24-hour program with wage replacement. - Involve workers in decisions regarding provider panels. - Focus on primary injury prevention. - Select providers on quality, availability, understanding of workplace injuries. - Assure timely, appropriate treatment. 	<ul style="list-style-type: none"> - Most take too long - Critical in states with MC - In cases of arbitration, it's critical to ask: Who arbitrates? Who pays? and Is the decision appealable? 	He was most concerned about: (1) workers' choice of programs and providers; (2) erosion of the physician-patient relationship; (3) loss of confidentiality of medical records; (4) the possibility of cost-shifting to IWs; (5) decreased knowledge of injury prevention and general workplace issues.